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CONFIRMATION NO. 3419

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APPLICANTS

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\*\*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 10/031,404 05/15/2002 PAT 6,664,283 \*  
 which is a 371 of PCT/JP00/05074 08/01/2000  
 (\*)Data provided by applicant is not consistent with PTO records.

\*\*\* FOREIGN APPLICATIONS \*\*\*\*\*

JAPAN 11-218309 08/02/1999

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 09/11/2003

|  |  |                              |                        |                      |                            |
|--|--|------------------------------|------------------------|----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br><i>Eric S. Olson</i> ESO<br>Examiner's Signature Initials | STATE OR<br>COUNTRY<br>JAPAN | SHEETS<br>DRAWING<br>2 | TOTAL<br>CLAIMS<br>5 | INDEPENDENT<br>CLAIMS<br>1 |
|--|--|------------------------------|------------------------|----------------------|----------------------------|

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TITLE  
 Pharmaceuticals for neuropathic pain

☐ All Fees

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| <p>FILING FEE</p> <p>RECEIVED</p> <p>750</p>                   | <p>FEES: Authority has been given in Paper</p> <p>No. _____ to charge/credit DEPOSIT ACCOUNT</p> <p>No. _____ for following:</p> | <table border="1"><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table> | <input type="checkbox"/> 1.16 Fees ( Filing ) | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) | <input type="checkbox"/> 1.18 Fees ( Issue ) | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Credit |
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